| Official Form 1 (04/07) | | | | | -1 |
|--|--|----------------------------------|--|--|---|
| United States Rank | ruptcy Court OF New York | | | 100 | fary Petition |
| Name of Debtor (if individual, enter Last, First, Middle): | Name of Joint Debtor (Spouse) (Last, First, Middle): | | | | |
| Schultz, Katheren L. All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | All Other Nam (include marrie | es used by the Joed, maiden, and | oint Debtor in the trade names): | last 8 years | |
| NONE Last four digits of Soc. Sec./Complete EIN or other Tax state all): 9954 | one, state all): | | | ther Tax 1.D. No. (if more than | |
| Street Address of Debtor (No. and Street, City, and State |): | Street Address | of Joint Debtor | (No. and Street, C | City, and State): |
| 8 Southview Drive Arcade, New York | | | | | ZIP CODE |
| County of Residence or of the Principal Place of Busines | ZIP CODE 14009 | County of Res | idence or of the | Principal Place o | |
| Wyoming | | | | | om street address): |
| Mailing Address of Debtor (if different from street address | ess): | Mailing Addre | ess of Joint Dedi | or (II different fic | om street address). |
| | ZIP CODE | | | | ZIP CODE |
| Location of Principal Assets of Business Debtor (if diffe | erent from street address above): | | | | ZIP CODE |
| Type of Debtor (Form of Organization) | Nature of Busine (Check one box.) | ess | Ch | apter of Bankruj the Petition is Fi | ptcy Code Under Which iled (Check one box.) |
| (Check one box.) XX Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) | Health Care Business Single Asset Real Estat 11 U.S.C. § 101(51B) Railroad Stockbroker Commodity Broker Clearing Bank Other Tax-Exempt En | | Chapte Chapte | er 7 | Chapter 15 Petition for Recognition of a Foreign Main Proceeding Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding re of Debts k one box.) |
| | (Check box, if applied Debtor is a tax-exempt under Title 26 of the U Code (the Internal Reverse) | organization nited States | debts, de § 101(8) individua | | business debts. |
| Filing Fee (Check one bo | x.) | Check one b | 0.V. | Chapter 11 De | btors |
| 🛣 Full Filing Fee attached. | | | | ess debtor as defi | ned in 11 U.S.C. § 101(51D). |
| Filing Fee to be paid in installments (applicable to signed application for the court's consideration or unable to pay fee except in installments. Rule 10 Filing Fee waiver requested (applicable to chapte | ertifying that the debtor is 06(b). See Official Form 3A. | Check if: | 's aggregate non | | defined in 11 U.S.C. § 101(51D). ated debts (excluding debts owed to 0,000. |
| attach signed application for the court's considera | ation. See Official Form 3B. | Check all ap | plicable boxes: is being filed w ances of the plan | ith this petition. | repetition from one or more classes |
| Statistical/Administrative Information | | | | | HIS SPACE IS FOR COURT USE ONLY |
| Debtor estimates that funds will be available Debtor estimates that, after any exempt projection expenses paid, there will be no funds available. | perty is excluded and administrate | tive | | | |
| Estimated Number of Creditors 1- 50- 100- 200- 1,6 | 000- 5,001- 10,001 | - 25,001- | 50,001 | Over | |
| | 000 10,000 25,000 | | 100,000 | 100,000 | |
| | | | | | |
| Estimated Assets ☐\$0 to | \$100,000 to \$1 million \$100 m | _ | More than \$100 | million | |
| Estimated Liabilities ★★★ \$0 to | \$100,000 to \$1 milli \$1 million \$100 m | | More than \$100 | million | |

| 1 (Official Form 1) (1/08) | | Page 2 |
|--|---|---|
| Voluntary Petition | Name of Debtor(s): Schultz, Katheren | L |
| (This page must be completed and filed in every case.) All Prior Bankruptcy Cases Filed Within Last 8 You | ears (If more than two, attach additional sheet.) | Date Filed: |
| Location Where Filed: NONE | Case Number: | Date Filed: |
| Location | Case Number: | |
| Pending Bankruptcy Case Filed by any Spouse, Partner, or Affil | liate of this Debtor (If more than one, attach ad Case Number: | ditional sheet.) Date Filed: |
| Name of Debtor: | | Judge: |
| District: NONE | Relationship: | Juago. |
| Exhibit A | Exhibit B (To be completed if debtor | is an individual |
| (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) | whose debts are primarily of the attorney for the petitioner named in the have informed the petitioner that [he or she] 12, or 13 of title 11, United States Cod available under each such chapter. Further debtor the notice required by 11 0.S.C. § 34. | e foregoing petition, declare that I may proceed under chapter 7, 11, e, and have explained the relief certify that I have delivered to the 2(b). |
| Exhibit A is attached and made a part of this petition. | X Signature of Attorney for Motor(s) | (Date) 2/10/08 |
| Exhibit | (c/ | |
| Does the debtor own or have possession of any property that poses or is alleged to pose | a threat of imminent and identifiable harm to p | polic health or safety? |
| Yes, and Exhibit C is attached and made a part of this petition. | (| |
| ✓ No. | | |
| | | |
| Exhibi | it D | |
| (To be completed by every individual debtor. If a joint petition is file | ed, each spouse must complete and atta | ach a separate Exhibit D.) |
| Exhibit D completed and signed by the debtor is attached and | I made a part of this petition. | |
| If this is a joint petition: | | |
| Exhibit D also completed and signed by the joint debtor is att | tached and made a part of this petition | |
| Information Regarding (Check any app | | |
| Debtor has been domiciled or has had a residence, principal place preceding the date of this petition or for a longer part of such 180 c | of business, or principal assets in this District f | or 180 days immediately |
| There is a bankruptcy case concerning debtor's affiliate, general pa | artner, or partnership pending in this District. | |
| Debtor is a debtor in a foreign proceeding and has its principal place of business or assets in the United States but this District, or the interests of the parties will be served in regard | it is a defendant in an action or proceeding [in a | States in this District, or federal or state court] in |
| Certification by a Debtor Who Resides (Check all appl | | |
| Landlord has a judgment against the debtor for possession of de | ebtor's residence. (If box checked, complete the | e following.) |
| | (Name of landlord that obtained judgment) | <u> </u> |
| | (Address of landlord) | |
| Debtor claims that under applicable nonbankruptcy law, there a entire monetary default that gave rise to the judgment for posses | are circumstances under which the debtor would | be permitted to cure the tered, and |
| Debtor has included with this petition the deposit with the cour filing of the petition. | t of any rent that would become due during the | 30-day period after the |
| Debtor certifies that he/she has served the Landlord with this co | ertification. (11 U.S.C. § 362(1)). | |

| D.1 (Official Form) 1 (1/08) | Page 3 |
|---|--|
| B 1 (Official Form) 1 (1/08) Voluntary Petition | Name of Debtor(s): |
| (This page must be completed and filed in every case.) | Schultz, Katheren L. |
| Signal | ures |
| Signature(s) of Debtor(s) (Individual/Joint) | Signature of a Foreign Representative |
| I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Signature of Debtor Telephone Number (if not represented by attorney) | I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X (Signature of Foreign Representative) (Printed Name of Foreign Representative) |
| i 1:- 10:08 | Date |
| Signature of Aftorney* X Signature of Aftorney* J. KIRBY COLLING Printed Name of Attorney for Debtor(s) J. KIRBY COLLING P.C. Firm Name Po Box 26 Address Arcade, NY 14009 | Signature of Non-Attorney Bankruptcy Petition Preparer I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing tor a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. |
| Telephone Number Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. | Printed Name and title, if any, of Bankruptcy Petition Preparer Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) Address |
| Signature of Debtor (Corporation/Partnership) | |
| I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. | Date |
| X Signature of Authorized Individual Printed Name of Authorized Individual | Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. |
| Title of Authorized Individual Date | If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. |
| | A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. |

United States Bankruptcy Court

| | | | Western | District Of <u>New York</u> | • |
|---------|----------|--------|---------|-----------------------------|---|
| In re _ | Karen L. | | , | Case No | |
| | | Debtor | | Chapter _ 7 | _ |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|---------------|-------------|--------------|----------------------|
| A - Real Property | Yes | 1 | \$ None | | |
| B - Personal Property | Yes | 3 | \$1,300.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | \$ None | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 3 | | \$ None | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 6 | | \$ 52,824.41 | |
| G - Executory Contracts and Unexpired Leases | No | 0 | | | |
| H - Codebtors | No | 0 | | | |
| 1 - Current Income of Individual Debtor(s) | Yes | 1 | | | ^{\$} 714.00 |
| J - Current Expenditures of Individual Debtors(s) | Yes | 1 | | | \$ 1,655.00 |
| TC | DTAL | 17 | \$ 1,300.00 | \$ 52,824.41 | |

United States Bankruptcy Court

| | | | Western | District Of New York | |
|-------|----------|---------|---------|----------------------|---|
| In re | Karen L. | Schultz | ·····• | Case No. | _ |
| | | Debtor | | | |
| | | | | Chapter 7 | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|----------------|
| Domestic Support Obligations (from Schedule E) | s ₀ |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed) | \$ 0 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) | \$ o |
| Student Loan Obligations (from Schedule F) | \$ 0 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ O |
| TOTAL | \$ 0 |

State the following:

| Average Income (from Schedule I, Line 16) | \$ 714.00 |
|--|----------------|
| Average Expenses (from Schedule J, Line 18) | \$ 1,655.00 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20) | \$ 1,000.00 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 0 |
|--|------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 0 | EK. |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | 3.50 | \$ ₀ |
| 4. Total from Schedule F | | \$ 52,824.41 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ ₀ |

| Form | B6A |
|--------|-----|
| (10/0: | 5) |

| In re_ | Karen L. Schultz | Case No(If known) |
|--------|------------------|-------------------|
| | Debtor | (II Khowh) |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--|--|---------------------------------------|--|-------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | otal > | 0.00 | |

(Report also on Summary of Schedules.)

| Form | B6B |
|--------|-----|
| (10/0) | 5) |

| In re Schultz, Katheren L. | Case No. |
|----------------------------|------------|
| Debtor | (If known) |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|---------------------------------------|--|
| 1. Cash on hand. | | Cash | i | \$20.00 |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | M & T Bank Checking | | \$30.00 |
| Security deposits with public utilities, telephone companies, landlords, and others. | XX | | | |
| Household goods and furnishings, including audio, video, and computer equipment. | | Misc. Household Goods | | \$750.00 |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles. | XX | | | |
| 6. Wearing apparel. | | Misc. Wearing Apparel | | \$500.00 |
| 7. Furs and jewelry. | | Tablet meaning appropriate | : | |
| 8. Firearms and sports, photographic, and other hobby equipment. | XX | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | XX | | | |
| 10. Annuities. Itemize and name each issuer. | xx | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)). | XX | | | |

| In re | Schultz, | Kathrene | L. | • |
|-------|----------|----------|----|---|
| - | De | btor | | |

| Case No. | |
|----------|------------|
| | (If known) |

SCHEDULE B - PERSONAL PROPERTY

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|---|---------------------------------------|---|
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | XX | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | XX | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | XX | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | XX | | | |
| 16. Accounts receivable. | XX | | | • |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | XX | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | xx | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property. | XX | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | XX | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | XX | | | |
| | | | <u> </u> | |

| In re | Schultz, Katheren L. | Case No | |
|-------|----------------------|------------|--|
| _ | Debtor | (If known) | |

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|---------------------------------------|---|
| 22. Patents, copyrights, and other intellectual property. Give particulars. | XX | | | • |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | XX | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | XX | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | XX | | | |
| 26. Boats, motors, and accessories. 27. Aircraft and accessories. | XX XX | | | |
| 28. Office equipment, furnishings, and supplies. | XX | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | xx | | | |
| 30. Inventory. | XX | | | |
| 31. Animals. | xx | | | |
| 32. Crops - growing or harvested. Give particulars. | xx | | | |
| 33. Farming equipment and implements. | xx | | į | |
| 34. Farm supplies, chemicals, and feed. | XX | | | |
| 35. Other personal property of any kind not already listed. Itemize. | xx | | | |
| | | continuation sheets attached Tota | > | \$ 1,300,00 |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

| In re | SCHULTZ, KATHEREN, L | _, |
|-------|----------------------|----|
| _ | Debtor | |

| Case No. | |
|----------|------------|
| - | (If known) |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions t | o which | debtor | is entitled | under: |
|--------------------------------|---------|--------|-------------|--------|
| (Check one box) | | | | |

☐ 11 U.S.C. § 522(b)(2)
☐ 11 U.S.C. § 522(b)(3)

| Check if debtor claims a homestead exemption that exceeds |
|---|
| \$136.875. |

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|--|--------------------------------------|----------------------------------|---|
| CASH AND 2008 TAX RETURN AND TAX STIM | D & C LAW 283 | 2,500.00 | 2,500.00 |
| MISC hOUSEHOLD GOODS | CPLR 5205 (a) (1) | 750.00 | 750.00 |
| MISC WEARING APPAREL | CPLR 5205 (a) (1) | 500.00 | 500.00 |
| | | | |
| | | | |
| | | | |
| | | | |

| Offi | cial | Form | 6D | (10 | /06) |
|------|------|------|----|-----|------|
| | | | | | |

| In re | Schultz, | Katheren | L. | , | Case No. | | |
|-------|----------|----------|----|---|----------|------------|--|
| | D | Debtor | | | | (if known) | |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

KΧ

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MA!LING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|--|---|------------|--------------|----------|--|--|
| ACCOUNT NO. | | | | | | | | |
| | | | | | | | • | |
| | | | | | | | | |
| | | | | | | | | |
| | | | VALUE \$ | <u> </u> | | | | |
| ACCOUNT NO. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | • |
| 12.000 | | | VALUE\$ | 1 | | | | |
| ACCOUNT NO. | 4 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | VALUE \$ | 1 | | | | |
| continuation sheets attached | | | Subtotal ► (Total of this page) | | | | \$ | \$ |
| | | | Total ► | | | | \$ 0.00 | \$ 0.00 |
| | | | (Use only on last page) | | | | (Report also on Summary of | 0.00 (If applicable, report |
| | | | | | | | Schedules.) | also on Statistical |
| | | | | | | | | Summary of Certain Liabilities and Relate |

Data.)

| Inre Schultz, Karen L. | Case No |
|------------------------|------------|
| Debtor | (if known) |

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each steet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all unts not entitled to priority listed on this Schedule F in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors

| with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
|--|
| XX Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| ☐ Domestic Support Obligations |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| Extensions of credit in an involuntary case |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| Contributions to employee benefit plans |

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

| Official Form 6E (04/07) - Cont. | |
|--|--|
| In re Schultz, Karen L. Debtor | _ , Case No (if known) |
| Deptor | (II KIIOWII) |
| Certain farmers and fishermen | |
| Claims of certain farmers and fishermen, up to \$5,400* per farmers. | mer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| Deposits by individuals | |
| Claims of individuals up to \$2,425* for deposits for the purcha that were not delivered or provided. 11 U.S.C. § 507(a)(7). | ase, lease, or rental of property or services for personal, family, or household use, |
| ☐ Taxes and Certain Other Debts Owed to Governmental U | Units |
| Taxes, customs duties, and penalties owing to federal, state, an | nd local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| Commitments to Maintain the Capital of an Insured Dep | pository Institution |
| Claims based on commitments to the FDIC, RTC, Director of Governors of the Federal Reserve System, or their predecessors § 507 (a)(9). | the Office of Thrift Supervision, Comptroller of the Currency, or Board of or successors, to maintain the capital of an insured depository institution. 11 U.S.C |
| Claims for Death or Personal Injury While Debtor Was | Intoxicated . |
| Claims for death or personal injury resulting from the operatio drug, or another substance. 11 U.S.C. § 507(a)(10). | on of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, |
| * Amounts are subject to adjustment on April 1, 2010, and every adjustment. | y three years thereafter with respect to cases commenced on or after the date of |
| | |
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| | |
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| | |
| c | ontinuation sheets attached . |

| Offici | al Form 6E (04/07) - Cont. | | |
|--------|----------------------------|------------|--|
| In re | Schultz, Karen L. | , Case No | |
| | Debtor | (If known) | |

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|----------|---|--|------------|--------------|----------|-----------------------|--------------------------------------|--|
| Account No. | | | | | | | | | |
| Account No. | | | | | | | | | |
| Account No. | | | | | | | | | |
| Account No. | | | | | | | | • | |
| Sheet no of continuation sheets attached to Schedule of Creditors Holding Priority Claims | | Subtotal (Totals of this page) Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) | | | \$ | \$ | | | |
| | | | Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.) | | | | \$ | \$ | |

| Official Form of (10/00) | |
|----------------------------|------------|
| In re Schultz, Katheren L. | Case No. |
| Debtor | (if known) |

Official Form 6F (10/06)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is t led, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED AMOUNT OF DATE CLAIM WAS CREDITOR'S NAME, CONTINGENT CODEBTOR DISPUTED **CLAIM** MAILING ADDRESS **INCURRED AND** CONSIDERATION FOR INCLUDING ZIP CODE, CLAIM. AND ACCOUNT NUMBER (See instructions above.) IF CLAIM IS SUBJECT TO SETOFF, SO STATE. ACCOUNT NO. 45989824 Collection Agency for Silver Lake Medical Imaging 11/26.04 Credit Bureau of Rochester \$115.00 P O Box 31131 Rochester, New York 14603-1131 ACCOUNT NO. 1301405 Medical Services 11/26/04 Wyoming County Community Hospital \$1,178.82 400 N. Main Street Warsaw, NY 14560-1025 ACCOUNT NO. 25086 Medical Services 8/2004 Concord Medical Group \$137.00 210 East Main Street Springville, New York 14141 ACCOUNT NO. IU1852 Collection Agency for Keystone Medical Services of NY PC, 2004 Gold Key Credit, Inc \$750.00 P O Box 15670 Brooksville, FL 34604-0122 \$ 2,180.82 Subtotal➤ 5 continuation sheets attached Total≯ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, If applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

| In re | Schultz, Katheren L. | , | Case No. | |
|-------|----------------------|----------|----------|------------|
| | Debtor | | | (if known) |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|---|------------|--------------|-------------|--------------------|
| ACCOUNT NO. 03-01-002100656 | | - | Medical Services 2003 | | | | |
| Southern WI Emerg. Assoc. S.C. 1446 N. Randall Avenue Janesville, WI 53545 | | | | i. | | | 97.90 |
| ACCOUNT NO. 3 G275315 | | | Medical Services 2004 | | | | |
| SwedishAmerican Medicals GRP/MAC 2550 Charles St. P O Box 1567 Rockford, IL 61110-0067 | | : | | | | | \$67.94 |
| ACCOUNT NO. L031524133 | | | Medical Services 2004 | | | | |
| SwedishAmerican Hospital P O Box 4448 Rockford, IL 61110=0948 | | | | i. | | | \$186.48 |
| ACCOUNT NO. L02710765513 | | | Medical Services 2002 | | | | |
| HHM Emergency Services P O Box 4388 Rockford, IL 61110-0888 | | | | | | | \$159.00 |
| ACCOUNT NO. L027107655 | | | Medical Services 2002 | | | | |
| SwedishAmerican Hospital P O Box 4448 Rockford, IL 61110-0948 | | | | | | | \$723.10 |
| Sheet no. 2 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | \$ 1,234.42 | |
| Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | | \$ |

| In re Schultz, Katheren L. | , | Case No. | |
|----------------------------|-----------|----------|------------|
| Debtor | | | (if known) |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|-----------------------|--------------|----------|--------------------|
| ACCOUNT NO. IS9-1042124-310 Associated Collectors, Inc 113 W. Milwaukee Street P O Box 1039 Janesville, WI 53547-1039 | | | Collection Agency for Beloit Memorial Hospital | | | | \$153.11 |
| ACCOUNT NO. Roethe Krohn Pope LLP 24 North Henry Street P O Box 151 Edgertonm WI 53534 | | | Attorney and debt collector for Rosman, Uehling, Kinzer Funeral Home and Cremation Services, 20°14 | · | | | \$6,987.01 |
| ACCOUNT NO. 4552004 Roshman-Uehling Kinser Funeral Home P1125 Cranston Road Beloit, WI 53511 | | | Funeral for Robert Schultz 2004 | | : | | \$6,987.01 |
| ACCOUNT NO. 04RR360395 Quest Diagnostics Incorporated P O Box 64477 Baltimore, MD 21264-4477 | | | Medical Services 2004 | | | | \$65.33 |
| ACCOUNT NO. L027107655 Keystone Medical Services P O Box 281562 Atlanta, GA 30384 | | | Medical Services 2004 | | | | \$425.00 |
| Sheet no. 3 of 6 continuation sheets atta to Schedule of Creditors Holding Unsecur Nonpriority Claims | | | *** | • | Sub | ototal➤ | \$14,617.46 |
| Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | lule F.) itistical | \$ | | |

| In re | Schultz, Katheren L. | • | Case No. | |
|-------|----------------------|---|----------|------------|
| | Debtor | | | (if known) |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|---|------------|--------------|-----------|--------------------|
| ACCOUNT NO. 414908-015 Alliant Energy P O Box 77002 Madison, WI 53707-1002 | | | Utility Bill 2005 | | | | \$105.82 |
| ACCOUNT NO. 22286 Silver Lake Medical Imaging, LLC P O Box 150 Warsaw, New York 14569 | | | Medical Services, 2004 | | | | \$115.00 |
| ACCOUNT NO. 1147196 Bertrand Chaffee Hospital 224 E. Main Street Sringville, NY 14141 | | | Medical Services 2004 | | | | \$306.63 |
| ACCOUNT NO. 6976937259 AMCA P O Box 1235 Elmsford, NY 10523-0935 | | | Collection Agency for Quest Diagnostics, Medical Services 2004 | | | | \$65.33 |
| ACCOUNT NO. 3211QD Dar Qutubiddenm MD 400 N. Main Street Warsaw. New York 14569 | - | | Medical Services 2004 | | | | \$261.00 |
| Sheet no. 4 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | ototal➤ | \$ 853.78 | |
| Total➤ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | \$ | | | |

| ln re | Schultz, | Katheren 1 | L. , | Case No | |
|-------|----------|------------|------|---------|------------|
| _ | | Debtor | | | (if known) |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|---|------------|--------------|----------|--------------------|
| ACCOUNT NO1301405 Mercantile Adjustment Bureau, LLC Po Box 9315A Rochester, NY 14604 | | | Collecting Agency For Wyoming County Community Hospital | | | | \$0.00 |
| ACCOUNT NO. 100262 Keystone Medical Serv Po Box 281562 Atlanta, GA 30384 | | | Medical Bill From 2004 | | | | \$365.00 |
| ACCOUNT NO. 103766 Keystone Medical Serv Po Box 281562 Atlanta, GA 30384 | | | Medical Bill From 2004 | | | | \$239.00 |
| ACCOUNT NO. 1134393 Bertrand Chaffee Hosp: 224 East Main Street Springville, NY 14141 | ta1 | | Medical Bill From 2004 | | | | \$59.33 |
| CBJ Credit Recovery Po Box 4035 Buffalo, NY 14240 | | | Collecting Agency For Bertrand Chaffee Hospital | | | | \$0.00 |
| Sheet no. 5 of 6 continuation sheets atta to Schedule of Creditors Holding Unsecure Nonpriority Claims | | | | | Sub | ototal≯ | \$ 663.33 |
| (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | \$ | | |

| In re Schultz, | Katheren L. | , | Case No. | |
|----------------|-------------|---|----------|------------|
| | Debtor | | | (if known) |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|---|-------------|--------------|----------|--------------------|
| ACCOUNT NO. 5808159 ECM Mortgage Corp. 105 Fisher Rd | | | Mobile Home | | | | \$33,274.60 |
| S. Belvit IL ACCOUNT NO. | | | | | | | |
| | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| ACCOUNT NO | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| Sheet no.6 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | \$ 33,274.60 | | |
| (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | \$52,824.41 | | | |

| B6G | (Official Form 6G) (12/07) | |
|-------|----------------------------|------------|
| In re | Schultz, Katheren L. | , Case No |
| | Debtor | (if known) |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Check this box if debtor has no executory contracts or unexpired le | eases. |
|---|--------|
|---|--------|

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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| Debtor | (if known) |
|--------------------------------|------------|
| In re Schultz, Katheren L. | Case No |
| B6H (Official Form 6H) (12/07) | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| \checkmark | Check this | box if | debtor | has r | no codebto | rs |
|--------------|------------|----------|--------|-------|-------------|----|
| | CHECK IIII | o dox ii | aedior | nas i | io codebio: | I |

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
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| In re | SCHULTZ, | KATHEREN L | |
|-------|----------|------------|--|
| | | | |

| Debt | or |
|------|----|
| | |

| Case No. | |
|----------|------------|
| | (if known) |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status: | DEPENDE | NTS OF DEBTOR AND | TS OF DEBTOR AND SPOUSE | | | |
|---|--|--------------------------|---|--|--|--|
| Status. | RELATIONSHIP(S): | | AGE(S): | | | |
| Employment: | DEBTOR | | SPOUSE | | | |
| Occupation SCH | OOL BUS DRIVER | | | | | |
| Name of Employer | EIDET CTUDENT | | | | | |
| How long employed | 5 VEARS | <u> </u> | | | | |
| Addition of Employ | CI | | | | | |
| 45202 | AVE, SUITE 300, CINCINNATI OHIO | | | | | |
| COME: (Estimate | of average or projected monthly income at time | DEBTOR | SPOUSE | | | |
| case f | | | | | | |
| Monthly gross was | ros salam, and annualizations | \$ <u>1,400.00</u> | \$ | | | |
| (Prorate if not pa | ges, salary, and commissions | \$ 0.00 | \$ | | | |
| Estimate monthly | | <u>3</u> | J | | | |
| SUBTOTAL | | \$ 1,400.00 | \$ | | | |
| LESS PAYROLL | DEDUCTIONS | | Ψ | | | |
| a. Payroll taxes ar | | \$ 350.00 | \$ | | | |
| b. Insurance | | \$300.00 | \$ | | | |
| c. Union dues | | \$ 36.00 | \$ | | | |
| d. Other (Specify) | : | \$ | \$ | | | |
| SUBTOTAL OF P | AYROLL DEDUCTIONS | \$ 686.00 | \$ | | | |
| TOTAL NET MO | NTHLY TAKE HOME PAY | \$714.00 | \$ | | | |
| Regular income fro | om operation of business or profession or farm | \$ | \$ | | | |
| (Attach detailed Income from real p | | \$ | \$ | | | |
| Interest and divide | | \$ | \$ | | | |
| | nance or support payments payable to the debtor for | | Φ | | | |
| the debtor's us | e or that of dependents listed above | \$ | D | | | |
| . Social security or | government assistance | | | | | |
| (Specify): Pension or retiren | nent income | \$ | \$ | | | |
| . Other monthly in | | \$ | \$ | | | |
| | | \$ | \$ | | | |
| . SUBTOTAL OF | LINES 7 THROUGH 13 | \$0.00 | \$ | | | |
| 5. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14) | | \$714.00 | \$ | | | |
| . COMBINED AV | ERAGE MONTHLY INCOME: (Combine column | \$ | 714.00 | | | |
| tals from line 15) | (22 | (Report also on Summa | ry of Schedules and, if applicable, | | | |
| | | on Staustical Summary | of Certain Liabilities and Related Data | | | |
| Describe any incr | ease or decrease in income reasonably anticipated to | accum within the year fo | Howing the Cline -Cabin de | | | |

| In re_ | Schultz, Katheren L. | Case No. |
|--------|----------------------|------------|
| | Debtor | (if known) |

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse." 1. Rent or home mortgage payment (include lot rented for mobile home) \$ 401.00 a. Are real estate taxes included? Yes _____ No ___ b. Is property insurance included? Yes No____ 2. Utilities: a. Electricity and heating fuel \$ 100.00 b. Water and sewer c. Telephone \$<u>90.00</u> cable, internet d. Other 3. Home maintenance (repairs and upkeep) \$ 50.00 4. Food \$ 400.00 5. Clothing \$ 50.00 6. Laundry and dry cleaning \$ 20.00 7. Medical and dental expenses \$ <u>150.00</u> 8. Transportation (not including car payments) \$ 250.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 25.00 **\$ 0** 10. Charitable contributions 11.Insurance (not deducted from wages or included in home mortgage payments) \$ 22.00 a. Homeowner's or renter's b. Life c. Health _{\$} 0 d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) **\$ 0** 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto _{\$} 0 **\$ 0** b. Other c. Other 0 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)

| In re Schultz, Katheren L. | Ca |
|----------------------------|----|
| Debtor | |

| Case No. | |
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| | (if known) |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| | g summary and schedules, consisting of sheets, and that they are true and correct to the best of |
|---|--|
| my knowledge, information, and belief. | / 0 0 0 0 |
| Date 11-10-08 | Signature: Notherer a schuly |
| | Debtor |
| Date | Signature:(Joint Debtor, if any) |
| | [If joint case, both spouses must sign.] |
| | N-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) |
| I declare under penalty of perjury that: (1) I am a bankruptcy petition the debtor with a copy of this document and the notices and information | preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided a required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum |
| Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer | Social Security No. (Required by 11 U.S.C. § 110.) |
| If the bankruptcy petition preparer is not an individual, state the name, who sions this document | title (if any), address, and social security number of the officer, principal, responsible person, or partner |
| Address X Signature of Bankruptcy Petition Preparer | Date |
| Names and Social Security numbers of all other individuals who prepare | red or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: |
| If more than one person prepared this document, attach additional sign | ned sheets conforming to the appropriate Official Form for each person. |
| A bankruptcy petition preparer's failure to comply with the provisions of title 18 U.S.C. § 156. | 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; |
| DECLARATION UNDER PENALTY OF | PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP |
| partnership] of the [co | t or other officer or an authorized agent of the corporation or a member or an authorized agent of the orporation or partnership] named as debtor in this case, declare under penalty of perjury that I have is (Total shown on summary page plus I), and that they are true and correct to the best of my |
| Date | Signature: |
| | |
| | [Print or type name of individual signing on behalf of debtor.] |
| [An individual signing on behalf of a partnership or corporation n | nust indicate position or relationship to debtor.] |
| * | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court

| | West | ern Di | strict Of | New York | | |
|--|--|---|--|--|--|------------------------------|
| In re Schultz, Katheren L. | | | | Case No. | | |
| | | | | Case 140. | Chapter 7 | , |
| СНАРТ | ER 7 INDIV | IDUAL DEB | TOR'S STA | TEMENT OF IN | TENTION | |
| ☐ I have filed a schedule of asse☐ I have filed a schedule of exec☐ I intend to do the following w | cutory contracts a | nd unexpired leas | ses which include | s personal property sul | | l lease. |
| Description of Secured Property | Creditor's Name | Property will be Surrendered | Property is claimed as exempt | Property will be redeemed pursuant to 11 U.S.C. § 722 | Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c) | |
| | | Lease will be | | | | |
| Description of Leased Property | Lessor's Name | assumed pursuant to 11 U.S.C. § 362(h)(1)(A) | | | | |
| Date://-//)-08 | | | Sign | Dans Salature of Debtor | Schul | 7 |
| DECLARATIO | N OF NON-AT | TORNEY BANK | RUPTCY PETI | TION PREPARER (| See 11 U.S.C. § 110 | <u>7</u> |
| I declare under penalty of perjury compensation and have provided the 110(h), and 342(b); and, (3) if rules chargeable by bankruptcy petition and debtor or accepting any fee from the | e debtor with a cost or guidelines has preparers, I have | opy of this docum we been promulga given the debtor n | ent and the notic ted pursuant to I ootice of the maxi | es and information req I U.S.C. § 110(h) setting | uired under 11 U.S.Ong a maximum fee f | C. §§ 110(b), or services |
| Printed or Typed Name of Bankrup If the bankruptcy petition preparer responsible person or partner who | is not an individi | ial, state the name | | al Security No. (Requi | | |
| Address | | | | | | |
| X | | _ | | | | |
| X | reparer | Date | | | | |
| Names and Social Security Number preparer is not an individual: | rs of all other ind | ividuals who prep | ared or assisted in | n preparing this docum | ent unless the bankr | uptcy petition |
| If more than one person prepared the | nis document, atta | ich additional sigr | ned sheets conform | ming to the appropriate | e Official Form for e | ach person. |

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines

or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

UNITED STATES BANKRUPTCY COURT

Western District of New York

| In re:_SCHULTZ, KATHEREN L. | _, Case No. |
|-----------------------------|-------------|
| Debtor | (if known) |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

\$17,500.00

2008 EMPLOYMENT INCOME \$16,500 2007 EMPLOYMENT INCOME/16,500 2006 Emp Income

Income other than from employment or operation of business



State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the con mencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Payments to creditors

Complete a. or b., as appropriate, and c.



a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF

PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS/ **TRANSFERS** AMOUNT PAID OR VALUE OF **TRANSFERS** **AMOUNT** STILL **OWING**



c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATE OF

AMOUNT

AMOUNT STILL OWING

AND RELATIONSHIP TO DEBTOR

PAYMENT

PAID

4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint netition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

Rosman, Uehling, Kinzer Funeral Home

State of Wisconsin

Circuit Court

Unknown

vs. Katheren Schultz

Debt Collection

Rock County



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns



List all property that has been repossessed by a creditor, sold at a fore losure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include in ormation concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT **TERMS OF ASSIGNMENT** OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married deb ors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION
OF COURT
CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE Of PROPERTY

7. Gifts



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT DESCRIPTION AND VALUE OF GIFT

8. Losses



List all losses from fire, theft, other casualty or gambling within **one** year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART

DATE OF LOSS

OPERTY BY INSURANCE, GIVE PARTICULARS

9. Payments related to debt counseling or bankruptcy



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBT OR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

J. Kirby Colling P.C. Po Box 26

3/2006

\$1,000.00

Arcade, New York 14009

10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S

INTEREST IN PROPERTY

11. Closed financial accounts



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS DESCRIPTION OF

DATE OF TRANSFER OR SURRENDER.

TO BOX OR DEPOSITORY

CONTENTS

IF ANY

13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

ХX

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF

ENVIRONMENTAL

NOTICE LAW

None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

NOTICE LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately proceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

BEGINNING AND

ENDING DATES

LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR ADDRESS NATURE OF BUSINESS NAME OTHER TAXPAYER I.D. NO. b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101. **ADDRESS** NAME The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time. (An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements



 $\mathbf{X}\mathbf{X}$

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED



b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories



a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DOLLAR AMOUNT OF INVENTORY

DATE OF INVENTORY

INVENTORY SUPERVISOR

(Specify cost, market or other basis)



b. List the name and address of the person having possession of the $r\varepsilon$ cords of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST



b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders



a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately
preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None XX

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.



If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.



If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

| [If completed by an individual or individual and spot | ise] | |
|---|--|---|
| I declare under penalty of perjury that I have read the any attachments thereto and that they are true and con | e answers contained in rrect. | the foregoing statement of financial affairs and |
| Date 11-10-08 | Signature A | Theor & Schult |
| Date | Signature of Joint Debtor (if any) | |
| [If completed on behalf of a partnership or corporation] | | |
| I, declare under penalty of perjury that I have read the answers that they are true and correct to the best of my knowledge, info | contained in the foregoir rmation and belief. | g statement of financial affairs and any attachments thereto and |
| Date | Signature | |
| | Pri | nt Name and Title |
| [An individual signing on behalf of a partnership or corporatio | n must indicate position | or relationship to debtor.] |
| · · | continuation sheets attac | che |
| Penalty for making a false statement: Fine of up to \$. | 500,000 or imprisonment f | or up to 5 years, or both. 18 U.S.C. §§ 152 and 3571 |
| DECLARATION AND SIGNATURE OF NON-AT | TORNEY BANKRUPT | TCY PETITION PREPARER (See 11 U.S.C. § 110) |
| I declare under penalty of perjury that: (1) I am a bankruptcy pet compensation and have provided the debtor with a copy of this doc 842(b); and, (3) if rules or guidelines have been promulgated pursu betition preparers, I have given the debtor notice of the maximum a debtor, as required by that section. | sument and the notices an ant to 11 U.S.C. 8 110(h | d information required under 11 U.S.C. §§ 110(b), 110(h), and setting a maximum fee for services chargeable by bankruptcy |
| Printed or Typed Name and Title, if any, of Bankruptcy Petition Pro | eparer | Social Security No.(Required by 11 U.S.C. § 110.) |
| If the bankruptcy petition preparer is not an individual, state the na person, or partner who signs this document. | ime, title (if any), addres: | s, and social security number of the officer, principal, responsible |
| Address | | |
| v | | |
| Signature of Bankruptcy Petition Preparer | | Date |
| Names and Social Security numbers of all other individuals who pr not an individual: | repared or assisted in pre | paring this document unless the bankruptcy petition preparer is |
| If more than one person prepared this document, attach additional s | signed sheets conforming | to the appropriate Official Form for each person. |

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

United States Bankruptcy Court

| | <u>Western</u> | _ District Of <u>New York</u> | | |
|----|--|---|--|--|
| In | re | | | |
| | Schultz, Katheren L. | Case No. | | |
| De | ebtor | Chapter 7 | | |
| | DISCLOSURE OF COMPE | NSATION OF ATTORNEY FOR DEBTOR | | |
| 1. | . Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered c: to be rendered on behalf of the debtor(s in contemplation of or in connection with the bankruptcy case is as follows: | | | |
| | For legal services, I have agreed to accept | \$_1,500.00 | | |
| | Prior to the filing of this statement I have re | eceived\$ 1,000.00 | | |
| | Balance Due | \$ <u>500.00</u> | | |
| 2. | The source of the compensation paid to m | e was: | | |
| | Debtor Other (sp | pecify) | | |
| 3. | The source of compensation to be paid to | me is: | | |
| | Debtor Other (sp | pecify) | | |
| 4. | X K have not agreed to share the above-dismembers and associates of my law firm | sclosed compensation with any other person unless they are | | |
| | | sed compensation with a other person or persons who are not A copy of the agreement, together with a list of the names of n, is attached. | | |
| 5. | In return for the above-disclosed fee, I have case, including: | e agreed to render legଣ service for all aspects of the bankruptcy | | |
| | Analysis of the debtor's financial situati to file a petition in bankruptcy; | on, and rendering advice to the debtor in determining whether | | |
| | b. Preparation and filing of any petition, s | chedules, statements of affairs and plan which may be required; | | |
| | c. Representation of the debtor at the med hearings thereof; | eting of creditors and confirmation hearing, and any adjourned | | |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

1//0/09

Name of law firm

Credit Bureau of Rochester Po Box 31131 Rochester, New York 14603-1131

Wyoming County Community Hospital 400 N. Main Street Warsaw, New York 14569

> Concord Medical Group 210 East Main Street Springville, New York 14141

Gold Key Credit, Inc. Po Box 15670 Brooksville, FL 34604-0122

Southern WI Emerg. Assoc. S.C. 1446 N. Randall Avenue Janesville, WI 53545

Swedish American Hospital Po Box 4448 Rockford, IL 61110-0948

HHM Emergency Services Po Box 4388 Rockford, IL 61110-0888

Associated Collectors, Inc. 113 W. Milwaukee Street Po Box 1039 Janesville, WI 53547-1039

Roethe Kroh Pope LLP 24 North Street Po Box 151 Edgertonm, WI 53534

Roshman-Uehling Kinser Funeral Home P1125 Cranston Road Beloit, WI 53511

> Quest Diagnostics Inc Po Box 281562 Atlanta, GA 30384

Alliant Energy Po Box 7702 Madison, WI 53707-1002

Silver Lake Medical Imaging, LLC Po Box 150 Warsaw, New York 14569

> Bertrand Chaffee Hospital 224 E Main Street Springville, NY 14141

> > AMCA Po Box 1235 Warsaw, NY 14569

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Mercantile Adjustment Bureau LLC Po Box 9315A Rochester, NY 14604

> Keystone Medical Service Po Box 281562 Atlanta, GA 30384

> CBJ Credit Recovery Po box 4035 Buffalo, New York 14240

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